



APPLICATION FOR RECERTIFICATION BASED ON PREVIOUS CERTIFICATION

State Form 53522 (3-08)
DEPARTMENT OF HOMELAND SECURITY

INDIANA DEPARTMENT OF HOMELAND SECURITY
Certification Supervisor
302 West Washington Street, Room E239
Indianapolis, Indiana 46204
Telephone: (800) 666-7784

- INSTRUCTIONS:**
1. This form is for individuals who want to reacquire a certification that was previously held by the individual.
 2. Please complete this form and return it to the above address.
 3. The applicant must complete the State written and practical skills examination tests.
 4. If the applicant fails either test, he/she must retake another training course.

Name of applicant (<i>last, first, middle</i>)		Daytime telephone number ()
Mailing address (<i>number and street, city, state, and ZIP code</i>)		
Identification number (<i>driver's license number or state identification number</i>)		Date of birth (<i>month, day, year</i>)
Previous certification number	Date of issue (if known) (<i>month, day, year</i>)	Date of expiration (<i>month, day, year</i>)
Please list any additional names you may have been certified under		Have you ever been charged or convicted of a crime other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of applicant	Date (<i>month, day, year</i>)
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